

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 10, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97113, 97124, 97032, 97022-22 rendered on 9/24/03 and CPT codes 97124, 97022-22 and 97113 rendered on 9/25/03.

II. RATIONALE

Review of the requestor's request for reconsideration letter dated October 31, 2003 states in part, "...The Health Care Provider that performed the services in the table above has not been removed from the TWCC approved doctor list on the date(s) of service(s), has not been providing unsupervised treatment(s) and/or service(s) outside his/her scope of practice, or has not provided treatment(s) and/or service(s) his/her licensing board has restricted.

Therefore the use of this denial reason by the Insurance Carrier is not appropriate and unacceptable.

Please provide us with official documents from the TWCC or licensing board stating that Health Care Provider that performed the treatment(s) and/or service(s) has been removed from the TWCC Approved Health Care Provider list or has been restricted by his/her licensing board. ..."

Review of the respondent's position statement dated January 16, 2004 states in part, "...In response to the MR-116, Respondent stands that the above referenced charges are not compensable, as the doctor providing said services was not on the ADL at the time that the treatment was performed A copy of the screen shot of the TWCC ADL Health Care Provider Detail is attached for review. ..."

Review of the carrier's EOB with an audit date of 10/16/03, revealed that date of service 9/25/03, CPT codes 97110, 97124 and 97022-22 were billed and denied by the carrier as "K-Not appropriate HCP. Date of service 9/24/03, CPT codes 97022-22, 97113, 97124 and 97032 were billed and denied by the carrier as "K-Not appropriate HCP." Review of the requestor's HCFA 1500 revealed that ___, D.C., rendered the disputed services. Review of the carrier's copy of the "Health Care Provider Detail", revealed that ___ was an approved doctor, Level 2 with a start date of 12/31/03, expiration dated 1/22/08. Review of the TXComp system on 3/22/04 revealed that ___, D.C., was approved for a temporary exception status valid from 9/1/03 through 11/30/03. The disputed dates of service are 9/24/03 and 9/25/03. Therefore, the doctor providing the services was on the approved doctors list at the time the services were rendered. Reimbursement is therefore, recommended to the requestor according to the Medicare Fee Schedule:

The table reflects the MAR reimbursement of the disputed charges.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MEDICARE ONLINE FEE SCHEDULE multiplied 125% = MARS
9/24/03	97113 x 4 units	\$138.52	\$0.00	K	\$27.70 x 125% = \$34.63 x 4 units = \$138.52= MAR
	97124 x 2 units	\$51.40	\$0.00	K	\$20.56 x 125% = \$25.70 x 2 units = \$51.40 = MAR
	97032	\$18.83	\$0.00	K	\$15.06 x 125% = \$18.83 = MAR
	97022-22	\$16.89	\$0.00	K	\$13.51 x 125%= \$16.89 = MAR
9/25/03	97124 x 2 units	\$51.40	\$0.00	K	\$20.56 x 125% = \$25.70 x 2 units = \$51.40 = MAR
	97022-22	\$16.89	\$0.00	K	\$13.51 x 125%= \$16.89 = MAR
	97113 x 4 units	\$138.52	\$0.00	K	\$27.70 x 125% = \$34.63 x 4 units = \$138.52= MAR
TOTAL		\$432.45	\$0.00	K	Reimbursement is recommended in the amount of \$432.45

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 97113, 97124, 97032 and 97022-22 in the amount of **\$432.45**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$432.45** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of April 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo